CENTER

2005

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AU	THORIZATION TO ACT	IN A REPRESEN	TATIVE	CAPACITY	
In re Application of:	Claude Galand et al				
Application No.	09/901,441			<u> </u>	RECEIV
Tiled:	07/09/2001			CF	NTRAL FIX
Title:	OSF AUTONOMOUS SYSTEM WIT	TH A BACKBONE DIVI	DED INTO T	WO SUB-AREAS	MAR 1 4
ttomey Docket No.	FR920000009US1	Art Unit: 2	662		
A-11-0-114-01 P	r named below is authorized to othermore, the practitioner is a suant to 37 CFR 1.34: Name	o conduct interviews authorized to file corre	spondence	authority to bind the in the above-identifie	principal d
Duke Yee & 4100 A Dailas	Vee Associates, P.C. Alpha Road, Suite 1100 ;, TX 75244		34285	The state of the s	
andonment, a discla	of Attorney to the above-namely to sign a request to change to interest, or of attorney, or of interest or an attorney of reconculd be executed and filed in the	other document requi	address, a r	equest for an express ature of the applicant	\$
	•				İ
	SIGNATURE O	of Practitioner of Recor	d		
me John R.	Pivnichny				
	Puruchan		Date	03/14/05	
istration 43,001			Telephone	607-429-4358	

This form offices a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713,05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2